

DEPARTMENT OF THE NAVY  
Bureau of Medicine and Surgery  
Washington DC 20372-5120

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BUMEDNOTE 1300  
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**BUMED NOTICE 1300**

**From:** Chief, Bureau of Medicine and Surgery

**To:** All Ships and Stations

**Subj:** DISPOSITION OF ACTIVE DUTY  
NAVY AND MARINE CORPS  
OUTPATIENTS TO CONVALESCENT  
LEAVE AND MEDICAL HOLDING  
COMPANIES

**Ref :** (a) NAVMEDCOMINST 6320.3B✓  
(b) MILPERSMAN 3020360  
(c) MCO P1050.3E  
(d) BUPERSINST 1306.72E  
(e) Officer Transfer Manual  
(NAVPERS 15559)  
(f) Enlisted Transfer Manual  
(NAVPERS 15909C)  
(g) Joint Federal Travel Regulations,  
Section U7210

**1. Purpose.** To remove the requirement for admission to a medical treatment facility (MTF) to place members on convalescent leave or assign them to a medical holding company (MHC).

**2. Background**

a. References (a), (b), and (c) prescribe policies and procedures for placing active duty members on convalescent leave. These references state that convalescent leave will be awarded only after a period of hospitalization. This notice changes this policy and allows physicians to recommend convalescent leave for active duty outpatients.

b. Reference (d) prescribes policies and procedures for the operation of MHCs and allows patients to be assigned to the MHC only after admission to a military MTF. This notice changes that policy and allows active duty Navy and Marine Corps members to be assigned to the MHC on an outpatient basis.

c. Reference (e) states that an officer must be hospitalized before the Naval Military Personnel Command may change the officer's status to "continue treatment." This notice makes no change to that policy. Reference (f) already permits status changes from temporary additional duty (TAD) to temporary duty (TEM DU) for enlisted outpatients under certain circumstances.

**3. Policy**

**a. Convalescent Leave**

(1) Convalescent leave may be granted by an active duty member's commanding officer or by the commanding officer of a military MTF, per reference (b), upon the recommendation of a civilian or military physician.

(2) A member need not be admitted to an MTF to be recommended for or granted convalescent leave.

(3) A military or civilian physician on staff and privileged to practice in the military MTF may recommend convalescent leave for an active duty outpatient. The physician will write an order on an SF 600, Chronological Record of Medical Care in the member's health record and complete the MTF local form for convalescent leave recommendations.

(4) An active duty inpatient or outpatient may be granted convalescent leave by the MTF commanding officer but this should not ordinarily be done if the member is from a local command, as is the case with most outpatients. If the member is not in the geographic area of his or her duty station (e.g., arrived by aeromedical evacuation for treatment), it is appropriate for the MTF commanding officer to grant the convalescent leave either as delay in reporting back to the parent command or with orders to return to the MTF for reevaluation after the convalescent leave period. The member's command must be notified of this

(5) Convalescent leave, vice sick in quarters (SIQ), is appropriate for those cases in which the member's presence in the area of their duty station or the MTF is not required during the period of convalescence. Convalescent leave should be considered when no medical or surgical followup care is required during the period of the leave and the member would benefit from the care that can be provided by family members who live outside the geographic area of the MTF. This is particularly common for members who live alone in the Bachelor Enlisted Quarters or Bachelor Officer Quarters and need some help with activities of daily living during their convalescence.

(6) Except for circumstances discussed in reference (g), members who elect to travel on convalescent leave do so at their own expense. Reference (g) is applicable only to members traveling in connection with convalescent leave for illness or injury incurred while eligible for the receipt of hostile fire pay under 37 U.S.C. 310.

b. Medical Holding Company

(1) Active duty Navy and Marine Corps enlisted members need not be admitted to an MTF to be assigned to an MHC.

(2) An enlisted member may be assigned to the MHC by order of a military or civilian physician on staff and privileged to practice in the MTF. Inpatients will be assigned per reference (c). Outpatients will be assigned by an SF 600 entry in the member's health record.

(3) A thorough physical examination must be performed on the active duty outpatient by a physician before the member is assigned as an outpatient to the MHC. This is particularly important in the case of members who arrive via the aeromedical evacuation system.

c. All provisions of references (a) through (e) not altered by this notice remain in effect.

4. Action. Medical Department commanders, commanding officers, and officers in charge must ensure that:

a. All health care providers of the MTF give each patient placed on convalescent leave or in the MHC specific instructions on self-care and followup. Members must be told the intervals at which they must report back to the MTF and whether they may report by telephone or in person. The health care provider must be specific as to what symptoms warrant immediate return to the military MTF or to the nearest medical treatment facility. These instructions must be in writing and a copy maintained in the member's health record.

b. Parent commanding officers are apprised each time one of their members is placed on convalescent leave or in an MHC. Assignment to the MHC will require a change in status to TAD or TEMDU. MTF personnel must be sensitive to the needs of area commanders with regard to the medical status of their personnel.

c. The member has a safe environment in which to recuperate, whether it be in a private home, Government quarters, or the MHC. This is absolutely essential. Medical Department commanders, commanding officers, and officers in charge are to ensure the parent command accepts full responsibility for the patient's compliance with medical recommendations and the patient's safety.

d. A local instruction governing the placement of active duty members on convalescent leave is issued before implementation of these policies. This instruction should include clinical criteria for the use of convalescent leave (such as acceptable lengths of convalescent leave for particular conditions and procedures), and who can place members on or remove members from convalescent leave.

e. Accurate statistics and information are kept on members who are admitted to the MHC as an outpatient since these individuals will not be admitted in the Automated Quality of Care Evaluation and Support System (AQCESS) or the Comprehensive Health Care System (CHCS). System change requests have been initiated for both AQCESS and CHCS to allow for data to be captured on these patients. Until they are approved and the changes made, records will have to be kept manually or by using a personal computer.

f. Accurate data is kept on the number of outpatients granted convalescent leave in order to document the change this policy will cause in the number of admissions to your MTF. This is essential for explaining annual variations in admission statistics in budget presentations.

5. Form. SF 600 (5-84), Chronological Record of Medical Care, NSN 7540-00-634-4176, may be ordered from General Services Administration.

6. Cancellation Contingency. Upon change in reference (a).

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